

Complete and send this form, together with applicable fee(s), to: Mail

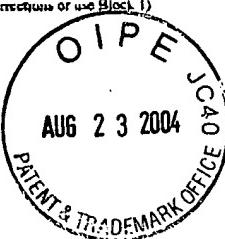
Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

35068 7590 06/17/2004

UNIVERSITY OF CALIFORNIA
 LOS ALAMOS NATIONAL LABORATORY
 P.O. BOX 1663, MS A187
 LOS ALAMOS, NM 87545



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Samuel L. Borkowsky	(Depositor's name)
<i>Samuel L. Borkowsky</i>	(Signature)
August 23, 2004	(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/052,862	11/09/2001	Karen M. Grace	S-97,794	1762

TITLE OF INVENTION WAVEGUIDE-BASED OPTICAL CHEMICAL SENSORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/17/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SIKDER, MOHAMMAD YUNUS		2872	389-012000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

Gemma Morrison Bennett

Samuel L. Borkowsky

3

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

The Regents of the University of California, Los Alamos, New Mexico 87545

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies _____

4b. Payment of fee(s):

A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2150 (addendum for a copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Samuel L. Borkowsky (Date) August 24, 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

08/24/2004 TEE SHAH: Q0000004 122150 10052862

01 FC:2501 665.00 DA

REGS

COP

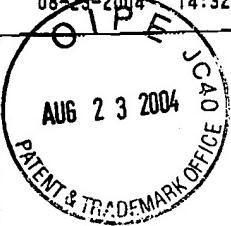
RE

DIV

DP

TRANSMIT THIS FORM WITH FEE(S)

DATA BASE



Ideas That Change the World

P.O. Box 1663, LC/IP, MS A187

Los Alamos, NM 87545

(505) 667-3766

Fax: (505) 665-4424

FAX TRANSMISSION COVER SHEET

BEST AVAILABLE COPY

Date: August 23, 2004

To: Mail Stop Issue Fee
US Patent and Trademark Office

Phone:
Fax: (703)746-4000

From: [Samuel L. Borkowsky]
LC/IP

Phone: (505) 665-3111
Fax: (505) 665-4424

Re: SN 10/052,862
S-97,794
[Karen M. Grace]

Sender: [MJHoover]

**YOU SHOULD RECEIVE (3) PAGES, INCLUDING THIS COVER SHEET.
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 665-.**

Comments:

Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:

[Issue Fee Transmittal – Original and 1 copy – 2 pages, Fax Transmission Cover Sheet – 1 page]

Fee Payments Authorized: \$ 665.00

**IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY
TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE
UNITED STATES POSTAL SERVICES. THANK YOU.**

UNCLASSIFIED